

FEB 07 2013

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TENNESSEE
_____ DIVISION

U.S. DISTRICT COURT
MID. DIST. TENN.

Matthew Singer Name

Prison Id. No. 00412182

_____ Name

Prison Id. No. _____

Plaintiff(s)

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

v.

Jury Trial ☒ Yes ☐ No

Dickson Co Sheriffs office Name

Southern Health Partners Name

Defendant(s)

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☒ Yes

☐ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs Matthew Singer

Defendants Jeff Bledsoe Donnie Young Rhonda Felts
Jerone Holt Southern Health Partners

2. In what court did you file the previous lawsuit? U.S. District Court

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? 3:12-CV-00876

4. What was the Judge's name to whom the case was assigned? Judge Sharp

5. When did you file the previous lawsuit? Sept 2012 (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? Still Pending

7. When was the previous lawsuit decided by the court? _____ (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.

☐ Yes

☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? Dickson County Jail
146 County Jail Rd

B. Are the facts of your lawsuit related to your present confinement?

☒ Yes

☐ No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?

☐ Yes

☒ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? _____

2. What was the response of prison authorities? _____

G. If you checked the box marked "No" in question II.E above, explain why not. _____

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Wrote grievance and Medical
Seen Medical to No Avail

2. What was the response of the authorities who run the detention facility? See
Medical or No response at all

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Matthew Singer

Prison Id. No. of the first plaintiff: 00412182

Address of the first plaintiff: P.O. Box 177 Charlotte TN
37036

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: _____

Prison Id. No. of the second plaintiff: _____

Address of the second plaintiff: _____

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification
numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Dickson County Sheriffs office

Place of employment of the first defendant: _____

The first defendant's address: 146 County Jail Rd

Named in official capacity? ☐ Yes ☐ No
Named in individual capacity? ☒ Yes ☐ No

2. Name of the second defendant: Southern Health Partners

Place of employment of the second defendant: Dickson County Jail

The second defendant's address: 146 County Jail Rd

Named in official capacity? ☒ Yes ☐ No
Named in individual capacity? ☐ Yes ☐ No

If there are more than two defendants against whom you are bringing this
lawsuit, you must list on a separate sheet of paper the name of each additional
defendant, their place of employment, their address, and the capacity in which
you are suing them. If you do not provide the names of such additional
defendants, they will not be included in your lawsuit. If you do not provide
their proper name, place of employment, and address, the Clerk will be
unable to serve them should process issue.

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

In June of 2012 I wrote medical request for Dental stating that I have A broken tooth and Need it repaired or pulled. I was told I would be placed on a list to see the dentist. in the mean time I was given Typrolin and oragel. Here it is February 2013 and I still have Not Seen a dentist and am in pain and agony daily due to the fact this jail does not care about my well being I have wrote countless greivances to the Captain the Lieutenant about the problem and just keep being told to see medical. I beleive this to be ~~inadequet~~ inadequate delays in dental care

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

A. \$ 100,000 for pain and Suffering

B. _____

C. _____

D. _____

E. _____

F. I request a jury trial. ☒ Yes ☐ No

RECEIVED
IN CLERK'S OFFICE

FEB 07 2013

U.S. DISTRICT COURT
MID. DIST. TENN.

I have also asked on several occasions for law books to help me research for my lawsuit that way I would not litigate a frivolous claim. I even ask the Jail Lieutenant to purchase a Jail house Lawyers manual Eighth edition. I believe that if they as in the Dickson County Sheriff's office had provided the law book I asked for my first claim would not have been frivolous

Matt Singer

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Matthew Surger Date: 2-5-13

Prison Id. No. 00412182

Address: P.O. Box 177 Charlotte TN 37086

(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

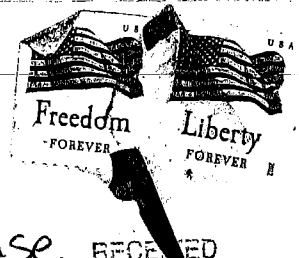
Address: _____
(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

Matt Singer
P.O. Box 171
Charlotte TN 37036



U.S. District Court house
801 Broadway
Nashville TN 37203

RECEIVED
IN CLERK'S OFFICE

FEB 07 2013

U.S. DISTRICT COURT
MID. DIST. TENN.

3720366663

DICKSON COUNTY JAIL
HAS NEITHER INSPECTED NOR
CENSORED AND IS NOT
RESPONSIBLE FOR THE CONTENTS